PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			1c/		(Column 2)			TYPE (		OR <b>T</b>		ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA			RATE BASIC FEI	FEE 370.00	١	RATE BASIC FEE	FEE 740.00		
TOTAL CHARGEÁBLE CLAIMS			1 minus 20=		•				-	┧╙╖		740.00		
INDEPENDENT CLAIMS			minus 3 =		•			X\$ 9≟		OR	X\$18=			
M	ILTIPLE DEPE	NDENT CLAIM P					X42=		<b>├</b>	OR	X84=			
<u> </u>	the difference	in column 1 in	food than a	"O" in column 3				+140=		OR	·+280=			
,"			less than zero, enter "0" in o			זושוטג	WI Z		TOTAL	310	OR	TOTAL		
CLAIMS AS AMENDED - PART II  31.7 (05 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OTHER THAN SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	EST BER DUSLY	PRI	ESENT KTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
3	Total	12	Minus	·· 2	Ø	=	ĺ		X\$ 9=		OR	X\$18=		
Į			Minus			=			X42=		OR	X84=		
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							'	+140=		OR	+280=		
								L	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	nn 2)	(Col	umn 3)	. 1	NODIT. FEE		, ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER . AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=			X\$ 9=		OR	X\$18=		
	Independent	NTATION OF ML	Minus	***	CI AIA	-			X42=		OR	X84=		
	FINOT PRESE	NIATION OF MC	LIPLE DE	PENDENI	CLAIM				+140=		OR	+280=		
	<u> </u>							 A	TOTAL DOIT. FEE		OR ,	TOTAL ODIT, FEE		
	<b>.</b> )	(Column 1)		(Colum		(Colu	ımın 3)	1						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=			X\$ 9=		OR	X\$18=		
	Independent	*	Minus	ter					X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
If the pates in eating a 1 is local than the pates in eating a surity "9" in eating 2.											+280=			
"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE											TOTAL DOIT. FEE			
		ber Previously Paid						r foun	id in the app	ropriate box	in colu	imn 1,		

1.

Application or Docket Number